

CAVELAND EDUCATIONAL SUPPORT CENTER

Family Background Information

Student _____ Date of Birth _____

School _____

Legal guardian/custodian: _____

With whom does the child live? _____

 Has the child lived with anyone else? ☐ Yes ☐ No

If yes, who and what relation to the child? _____

Father

Mother

Name	Name
Address	Address
Home Phone	Home Phone
Work Place	Work Place
Work Phone	Work Phone
Highest grade of school completed	Highest grade of school completed

Check all agencies from which the child has received services and include or attach all pertinent data.

- ☐ Regional Child Development Center

☐ Commission for Children with Special Health Care Needs

☐ Other: Please specify _____

☐ Lifeskills

☐ Child Evaluation Center

☐ _____

Please list any professional currently treating your child, their address and the reason for treatment (medical or psychological).

Professional	Address	Reason for treatment

 Is your child currently taking routine medications? ☐ Yes ☐ No If so, please specify.

Medication	Dosage	Purpose

 Has your child been diagnosed with any medical problems or conditions? ☐ Yes ☐ No

If so, specify _____

Describe any problems your child is having in school. _____

